



August 29, 2019

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12th Street, SW  
Washington, District of Columbia 20554

RE: *Comments on Promoting Telehealth for Low-Income Consumers Notice of Inquiry, WC Docket No. 18-213*

Dear Ms. Dortch,

On behalf of Children's Hospital of Wisconsin, we appreciate the opportunity to comment in response to the Federal Communications Commission (Commission's) Notice of Proposed Rulemaking (NPRM), Promoting Telehealth for Low-Income Consumers Notice. We support the Connected Care Pilot (CCP) which aims to help low-income Americans and veterans stay connected to their health care providers through telehealth services to improve health outcomes among medically underserved populations that are missing out on these vital technologies.

Children's Hospital of Wisconsin (Children's) is the state's only independent health care system dedicated solely to the health and well-being of children. Children's serves children from every county in the state at our inpatient hospitals in Milwaukee and the Fox Valley and more than 30 primary, specialty and urgent care clinics. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's focuses on all elements of pediatric well-being by providing school health nurses, dental care, foster care and adoption services, family resource centers, child health advocacy, health education, child welfare services, pediatric medical research and the statewide poison hotline.

As part of our strategic plan, Children's has invested in the creation of a Digital Health and Experience team led by a combination of technology and medical leadership. The team's mission is to lead a digital health transformation for Children's that extends and strengthens relationships with families – supporting the organizational mission to make children in Wisconsin the healthiest in the nation.

The team does this by developing a deeper understanding of child and family needs, identifying new technologies, and incubating digital innovation for the organization. The core components of the digital health team's strategy are to extend consumer-driven access to healthcare, integrate care from the clinic to home, school, and community, and empower families to treat chronic conditions with emerging digital care tools.

We believe that the CCP offers a meaningful opportunity to improve health outcomes for children and offer the following comments:



- We encourage the Commission to ensure that children are included within any definition of eligible and prioritized population. Today, Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage to almost 35 million children, which represents over half of the nation's children. These programs provide affordable coverage to children in lower-income families and to kids with special health care needs. Due to the success of these federal-state partnership programs, the children's uninsured coverage rates are near historic lows. In order to appropriately capture low-income children in the CCP, any definition of eligible population and targeted population must include children covered by Medicaid and CHIP. Additionally, any definition related to eligible providers must not solely focus on metrics related to serving high percentages of uninsured patients. That type of definition would exclude providers that exclusively or primarily serve children, such as children's hospitals. At Children's, more than 50 percent of our patients are covered by Medicaid/CHIP.
- We believe there are many opportunities within the CCP to more readily connect children and their families to providers and improve health outcomes. This includes chronic health conditions such as mental and behavioral health conditions, pediatric heart conditions, asthma, obesity, sickle cell, diabetes, inflammatory bowel disease and rheumatoid arthritis. The treatment of many of these conditions require frequent engagement with a multidisciplinary team and often include lengthy appointments. Many patients face difficulties being seen by established professionals due to the shortage of multidisciplinary clinics or specialists.

To illustrate one example of the applicability of the CCP to improve chronic condition management, consider Children's work to address asthma - one of the most prevalent pediatric chronic conditions that disproportionately impacts underserved populations. We continually invest in advanced capabilities to improve health outcomes for kids with asthma; recently we advanced an app-based home monitoring system for asthma inhaler medication adherence, patient reported outcomes and patient engagement with centralized data surveillance. Families who received a demo of the tool shared feedback that the use of mobile data in order to sync data from an inhaler sensor to the app was a barrier to its use. Many families in our Medicaid and lower income populations have limited or no cellular data. Enhanced broadband access in the home would allow for the use of wireless data to support use of this technology.

- While there are opportunities to improve health outcomes within a select number of chronic conditions in children, we encourage to the Commission to consider the importance of pediatric prevention efforts to improve health and lower costs. Unlike the adult population, the majority of children are well and experience a lower prevalence of acute and chronic health conditions than adults. As such, pediatric health management focuses, in large part, on the management of prevention efforts like adherence to well-child checkups, immunization schedules and regular assessment of developmental milestones. When determining eligibility language for what constitutes a "health condition" many children who would benefit from connected care platforms will be excluded if the definition focuses only on chronic conditions.

We believe that enhanced broadband connectivity would improve long-term health outcomes for pediatric "well" populations by providing patient access to the electronic medical record (EMR). Through our EMR portal, patients have access to a secure site to message a provider,

schedule an appointment, request a medication refill, access visit follow-up reports and care plans and be reminded of appointments. All of these activities raise the level of patient engagement in health care, thereby helping families manage a child's health condition, and identify health conditions before they become emergent.

One example of applicability of the CCP to improve pediatric "well-care" focuses on well-child visit compliance. A high volume of primary care visits are needed in the first 15 months of life (8 well baby check-ups). Broadband internet to support access to the EMR patient portal would provide the opportunity to engage digitally with families for scheduling, re-scheduling and responding to age-appropriate questionnaires (e.g. lead, developmental screenings).

Another example of applicability to well-care is within the adolescent primary care population. For instance, when a youth is identified as needing a mental and behavioral health evaluation, some level of care can be managed in the primary care setting through existing programs such as the Wisconsin Child Psychiatry Consultation Program—a consultation program for primary care providers – or in clinics with Integrated Behavioral Health providers. However, many youth experience long wait times to access further evaluation. Broadband connectivity for youth waiting to access mental health services could enable digital platforms, like a phone application that provides an intelligent, interactive support system to children in need of emotional counseling, allowing parents, clinicians and youth to stay connected while they wait for care.

Additionally, broadband connectivity would support pilots to implement digital home monitoring, scheduling and follow up care management through EMR patient portals and other digital applications for children of all ages during and post care transitions from high acuity to lower acuity settings for both acute and chronic conditions. For this reason, we recommend including "care transitions" from high to lower acuity settings for both chronic and acute conditions in the definition of eligible "health conditions". Connected care in this population could reduce readmission rates, reduce subsequent emergency department utilization, improve adherence to recommended follow up care and medication management, and ultimately improve cost and health outcomes.

Lastly, in order to expedite implementation of these types of connected care pilots we encourage the Commission to allow CPP funding to also be utilized to support innovative end-user devices.

- When considering projects, we encourage the Commission to not limit projects to either rural or urban areas as children in all parts of the state face barriers to care and would benefit from many of the types of proposals previously mentioned. We support a more flexible approach that takes into account the needs of the targeted populations.
- In regards to outcomes, we encourage the Commission to consider measuring leading indicators that are standard to digital health initiatives in year-one of implementation, such as technology adoption, patient enrollment or engagement and patient and care team experience. While randomized controlled trials are the best method for determining efficacy of an intervention on improving patient health, a number of alternative methods (e.g. quasi-randomized,

observational, Human Centered Design, prototypes, Plan Do Study Act, user experience studies) will provide context and good clinical information despite limitations in determining efficacy.

Other considerations may include measuring the extent to which broadband connectivity promotes treatment adherence by tracking prescription refills, use of medications as prescribed and adherence to recommended care in well-populations based on utilization. Cost avoidance and estimated cost savings to patients/families, payers, employers and could be evaluated based on reduction in emergency and inpatient visits, reduction in inpatient lengths of stay, shifts in site of care to lower acuity settings, and reduced missed school and work days.

- We encourage the Commission to ensure that proposed projects include a robust education component and technical support. The demand of interacting with medical providers while working with novel technology may be difficult and intimidating for many patients. As such, patient education and support is critical in implementing and promoting engagement with any new technology to support health and well-being.

We appreciate your consideration of these comments. Please contact Lindsay Punzenberger, Children's Director of Government Relations, with any questions [lpunzenberger@chw.org](mailto:lpunzenberger@chw.org).

Sincerely,

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